



Salt River PIMA-MARICOPA INDIAN COMMUNITY

10,005 E. Osborn Rd. / Scottsdale, Arizona 85256--9722 / Phone (480) 362-7400

Office of Membership Services

Phone: (480) 362-7618, 7614, 7620 Fax: (480) 362-7576

Membership Packet

Membership Section of the Salt River Pima-Maricopa Indian Community Constitution

Documents necessary for the Enrollment process

Membership Application

Constitution of the Salt River Pima-Maricopa Indian Community

ARTICLE II - MEMBERSHIP

***Section 1. Membership By Right.** The membership of the Salt River Pima-Maricopa Indian Community shall consist of:

- a) All person of Indian blood whose names appear, or rightfully should appear, on the official allotment roll of the Salt River Pima-Maricopa Indian Community; and
- b) All person whose names validly appear on the latest duly certified membership roll of the Salt River Pima-Maricopa Indian Community; provided that the Community Council may correct such roll in accordance with applicable Community law; and
- c) Any biological lineal descendent of an original Salt River Allottee who meets all of the following:
 - (1) is at least one-fourth (1/4) degree of Indian blood; and
 - (2) is the biological child or the biological grandchild of an enrolled member of the Salt River Pima-Maricopa Indian Community; and
 - (3) is a United States citizen; and
 - (4) is not enrolled in any other federally recognized tribe; and
 - (5) has never relinquished enrollment from any other federally recognized tribe; (with exception to Article II, Section 2).

***Section 2. Membership of Minors Enrolled Elsewhere.** Any person enrolled in any other federally recognized Tribe before reaching the age of eighteen (18) years is eligible for enrollment by right with the Salt River Pima-Maricopa Indian Community if such person:

- a)
 - (1) is a biological lineal descendent of an original Salt River allottee; and
 - (2) is at least one-fourth (1/4) degree of Indian blood; and
 - (3) is the biological child or the biological grandchild of an enrolled member of Salt River Pima- Maricopa Indian Community; and
 - (4) is a United States citizen; and
- b) Files an application for enrollment with the Community within one hundred and eighty (180) days after turning eighteen (18) years of age; and
- c) Relinquishes membership in any other federally recognized tribe before filing an application for enrollment with the Community.

Section 3. Court Jurisdiction. No decree of an outside court determining membership in the Salt River Pima-Maricopa Indian Community shall be recognized. All questions relating to the paternity of an applicant for enrollment shall be decided by the community court and the decision of the court shall be final.

Section 4. Future Membership. The community council shall have the power to enact ordinances governing membership of the Salt River Pima-Maricopa Indian Community consistent with the provisions of this article.

Section 5. Membership Roll. The community council shall provide for the establishment and maintenance of an up-to-date roll of members of the Salt River Pima-Maricopa Indian Community and shall provide for a fair hearing to any claimant to membership aggrieved by the omission or deletion of his name to such roll.

*SECTIONS 1 AND 2 AS APPROVED ON JULY 27, 2005 BY SECRETARIAL ELECTION AND FINAL APPROVAL BY THE WESTERNREGIONAL OFFICE, BUREAU OF INDIAN AFFAIRS, AUGUST 15, 2005.



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APPLICANTS'S INFORMATION

NAME: _____ Sex: _____
(Last) (First) (Middle) (Maiden) (Sr., Jr., I, II)

ADDRESS: _____
Street, P.O. Box #, Rt. #, Box # City State Zip Code

BIRTH DATE: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ PHONE NO. _____
Home Cell Message

NATIVE AMERICAN BLOOD TOTAL: _____ PIMA: _____ MARICOPA: _____

OTHER: _____

Applicant's Parent Information

Father: _____

Tribe: _____

Enrollment No.: _____

Date of Birth: _____

Place of Birth: _____

Living or Deceased: _____

Native American Blood: _____

Pima: _____ Maricopa: _____

Other Tribes: _____

Mother: _____

Tribe: _____

Enrollment No. _____

Date of Birth: _____

Place of Birth: _____

Living or Deceased: _____

Native American Blood: _____

Pima: _____ Maricopa: _____

Other Tribes: _____

Salt River Family History Chart

Please complete this family history chart. Please use Maiden and Married names, list where enrolled and if living or deceased. Also list blood degree as known.

Applicant
DOB: _____

Father
Tribe:
Living/Dec'd.
Bld. Deg.:

Grandfather
Tribe:
Living/Dec'd.
Bld. Deg.:

Gr. Grandfather
Liv./Dec'd. Tribe:
Bld. Deg.:

Grandmother
Tribe:
Living/Dec'd.
Bld. Deg.:

Gr. Grandmother
Liv./Dec'd. Tribe:
Bld. Deg.:

Mother
Tribe:
Living/Dec'd.
Bld. Deg.:

Grandfather
Tribe:
Living/Dec'd.
Bld. Deg.:

Gr. Grandfather
Liv./Dec'd. Tribe:
Bld. Deg.:

Grandmother
Tribe:
Living/Dec'd.
Bld. Deg.:

Gr. Grandmother
Liv./Dec'd. Tribe:
Bld. Deg.:

I/We swear that the said family history is to the best of **my/our** knowledge and that the applicant **is not** enrolled member of another Indian Tribe or Community.

State of _____
County of _____

Applicant/Parent/ Guardian

Date

Subscribed and sworn before me, a Notary Public, this _____ day of _____ of 20____, by _____

My Commission Expires: _____

Notary Public Signature